

*American Association of
Veterinary State Boards'*

*Veterinary Information
Verification Agency
Application*

VIVA

**The American Association of Veterinary State Boards'
Veterinary Information Verifying Agency**

Address Correspondence to:
3100 Main, Suite 208
Kansas City, MO 64111
Telephone: Toll Free (877) 698-VIVA (8482)
E-mail: info@aaavsb.org

Send Application with payment to:
P.O. Box 413183
Kansas City, MO 64141-3183

SCORE REPORTING SERVICE

The American Association of Veterinary State Boards:

The American Association of Veterinary State Boards (AAVSB) is a not for profit organization whose membership consists of the state veterinary licensing boards within the United States, its territories and certain provinces of Canada. One of many services provided to its member boards is the Veterinary Information Verifying Agency (VIVA), a centralized depository for veterinarian's credentials and a source for boards to obtain verified, documented data about licensed veterinarians. AAVSB's VIVA system is computerized and designed to provide prompt personalized service for our member boards. The Score Reporting Service is the first phase of VIVA.

Score Reports:

The National Board Examination Committee (NBEC) automatically reports examination results to the licensing board in whose jurisdiction the test is given. These **original score reports** are included in your examination fee. Effective November 15, 1998, all score reports, other than the original, must be accomplished through VIVA. Through an agreement with NBEC, AAVSB maintains all national veterinary licensure examination results in a secure file at its national headquarters. Your scores are confidential and they will be released only to the licensing board(s) you designate on this application.

Transferring Scores:

Utilize this service when you need to transfer your examination score(s) to a jurisdiction other than the state of your original licensure. The transfer fee covers the transfer of your NBE and CCT scores to *one* jurisdiction. Subsequently, if you want your scores sent to an additional jurisdiction, you must send an additional payment and written request to AAVSB's VIVA by mail.

Complete the attached form by carefully following the directions. Provided that the correct payment is received and the form is complete, VIVA's goal is to process your application in five (5) business days or less. Please note that you cannot transfer your scores(s) until *after* you have taken the examination.

Fee: Score Transfer \$80 per jurisdiction

Part I: Instructions:

Please follow the directions carefully. Incomplete or illegible applications will be returned.

1. **Type or print** your application legibly in blue or black ink.
2. Double-check the spelling and accuracy of the information you provide.
3. Answer *every* question. If a question does not apply to you, enter "N/A."
4. Print your full last name at the bottom of each page in the space provided.
5. Provide your Social Security # in the space provided below.
6. Mail application with payment to P.O. Box 413183, Kansas City, MO 64141-3183

Applicant: Print your last name here: _____

Part II: Basic Identifying Information:

Name: _____
Last First Middle

Date of Birth: _____ Social Security #: _____
Month Day Year

PART III: Payment and Transfer Request

Provide the name(s) of the jurisdiction(s) where you want your scores sent.

Score Transfer(s): Fee (\$80 per jurisdiction)

Transfer the scores to the following Boards or Agencies (if you need more lines, copy this page and attach the copy):

Name of licensing Board or the state or province

Name of licensing Board or the state or province

_____ # of jurisdictions X \$80 = Total payment due: _____

Method of payment: Master Card _____ VISA _____ Certified Check _____ Money Order _____
Personal check _____ (Note: this method will delay processing)

≥ **Payment must accompany this application.** Make your check or money order payable to AAVSB and enclose it with your application.
If you are paying by credit card, you must authorize the charge by providing the following information and signing below:

Expiration Date: _____ Card #: _____

Cardholder's Signature: _____ Printed name: _____

Cardholder's Billing Address (including postal code): _____

PART IV: Identifying Information

A. Legal Name:

Last Name

First Name Middle Name

B. Other Names Used (if you do not use and have never used another name, write N/A):

Other Last Name Other First Name Other Middle Name

Other Last Name Other First Name Other Middle Name

C. Mailing Address (the address to which you want AAVSB's VIVA to send correspondence to you):

Number and Street Apartment #

City State (Province) ZIP/Postal Code Country

Applicant: Print your last name here: _____

D. Home Address (if this address is the same as your "Mailing Address," write N/A):

Number and Street			Apartment #
City	State (Province)	ZIP/Postal Code	Country

E. Contact Numbers: Provide the following contact numbers. Circle the one at which you are most likely to be reached during AAVSB's working hours (8:30am - 5pm Central Time, Monday through Friday).

Home Telephone #: () - Work Telephone #: () -

FAX #: () - E-mail Address:

F. Place of Birth:

City	State (Province)	Country
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G. Veterinary school from which you graduated:

Name of school	Year and month of graduation
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H. Licensure History: List every state where you have ever held a license to practice veterinary medicine.

Name of state	License number	Year and month of licensure
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Name of state	License number	Year and month of licensure
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PART V: National Veterinary Examination History

Provide the following information for every national veterinary examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies. Provide as much information as you can. Candidate ID numbers are issued by the licensing board where you took the examination. If you do not know your ID number, you may be able to obtain it from the licensing board.

Exam Type	Date taken (mo/day/yr)	State/Province (where you took the exam)	Candidate ID#
NBE	/ /		
	/ /		
	/ /		
	/ /		
CCT	/ /		
	/ /		
	/ /		
	/ /		

Part VI: Authorization for Release of Information

I, _____ (print name), hereby release, discharge and hold harmless the American Association of Veterinary State Boards, its agents or representatives of any and all liability relative to the release of my examination scores to the identified jurisdiction(s). I authorize AAVSB's VIVA to release examination scores to the identified veterinary regulatory board(s) or agency pursuant to my request.

Applicant's Signature

Date of Signature

Applicant: Print your last name here: _____